

Snell & Wilmer

LLP.

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One Arizona Center
Phoenix, Arizona 85004-2202
(602) 382-6000
Fax: (602) 382-6070
www.swlaw.com

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FROM: Robert Iussa

PHONE: 602-382-6226

RE: **Revocation of Power of Attorney with New Power of Attorney and Change of
Correspondence Address**

MESSAGE:

Please see the two attached executed Revocations of Power of Attorney with New Power of Attorney and Change of Correspondence Address. Please contact Robert Iussa with any questions at 602-382-6226. Thank you

ORIGINAL DOCUMENT: Will not be sent

NUMBER OF PAGES (Including Cover):

3

CONFIRMATION NO.: 602-382-6155

CLIENT MATTER NO.: 50722.0100

PLEASE RETURN TO: Lori @16-S-12

PERSONAL FAX: No

REQUESTOR: Robert A. Iussa

DIRECT LINE: 602-382-6226

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Nov 29 06 09:36a M. Palkie

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P.3

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PTO/SB/92 (01-05)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10758,141
	Filing Date	1/15/2004
	First Named Inventor	Mia Palkie
	Art Unit	TBD
	Examiner Name	TBD
	Attorney Docket Number	50722.0100

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 20322

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 20322

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Megan Palkie</i>		
Name	Megan Palkie		
Date	Nov. 29. 06.	Telephone	805-659-2693

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application (as to the USPTO). Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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** TOTAL PAGE.02 **

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/758,141
Filing Date	1/13/2004
First Named Inventor	Mrs. Paldi
Art Unit	TBD
Examiner Name	TBD
Attorney Doctel Number	50722.0100

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Mrs. Paldi

Date

11-9-06

Telephone

541-554-6868

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, one below.

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